## **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare:

That my residence, post office address and citizenship are as stated below next to my name.

That I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## PHOTONIC CRYSTAL SINGLE TRANSVERSE MODE DEFECT STRUCTURE FOR VERTICAL CAVITY SURFACE EMITTING LASER

| the specification of which   | (check o                     | one)  |   |   |  |
|--|------------------------------|---|---|---|--|
|  | [ ]<br>[X]                   | is attached hereto. was filed on Application Serial No  | as  |   |  |
|  |                              | and was amended on  | · · · · · · · · · · · · · · · · · · ·   |   |  |
| •  |                              | (if :   | applicable)   |   |  |
| That I have review amended by any amendme  |                              | understand the contents of the a red to above.  | bove-identified specification, i  | including the claims, as  |  |
|  |                              | ty to disclose information know<br>Federal Regulations, §1.56(a).   | n to be material to patentabili   | ty of this application in   |  |
| for patent or inventor's cer   | tificate li                  | priority benefits under Title 35, isted below and have also identifig a filing date before that of the a  | ied below any foreign application   | on for patent or inventor's   |  |
| Prior Foreign Application  | on(s)                        |   |   | Priority Claimed  |  |
|  |                              |   |   | _ [] []   |  |
| (Number)   |                              | (Country)   | (Day/Month/Year Filed)  | Yes No [] []  |  |
| (Number)   | -                            | (Country)   | (Day/Month/Year Filed)  | _ [] []   |  |
| (Number)   | •                            | (Country)   | (Day/Month/Year Filed)  | ) Yes No  |  |
| application(s) listed below<br>prior United States applic<br>acknowledge the duty to d | and, instation in a sclose n | benefit under Title 35, United sofar as the subject matter of each the manner provided by the fir naterial information as defined in the prior application and the nation | h of the claims of this application<br>st paragraph of Title 35, United<br>Title 37, Code of Federal Regi | on is not disclosed in the<br>ed States Code, §112, I<br>ulations, §1.56(a) which |  |
| United States Applicatio   | n(s)                         |   |   |   |  |
| 60/395,487   |                              | 7/12/2002   | Pendir  |   |  |
| (Application Serial No.)   |                              | (Filing Date)   | (Status)-(Patent  | ed, pending, abandoned  |  |
| 60/472,075   |                              | 5/20/2003   | Pendir  | ng  |  |
| (Application Serial No.)   |                              | (Filing Date)   | (Status)-(Patent  | ed, pending, abandoned  |  |
| (Application Serial No.)   |                              | (Filing Date)   | (Status)-(Patent  | (Status)-(Patented, pending, abandoned  |  |

belief are believed to be true; and further that these statements were made with the knowledge that willful false statements

and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States

Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

I hereby appoint the following attorneys and agents listed under Customer No. 24978, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, and request that all correspondence and telephone calls in respect to this application be directed to Patrick G. Burns, GREER, BURNS & CRAIN, LTD., Suite 2500, 300 South Wacker Drive, Chicago, Illinois 60606, Telephone No. (312) 360-0080.

[PLATERATE OF THE BEL HERE]

PATENT TRADEMARK OFFICE

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|---|---|-------------|
|   |   |             |
| Full name of sole or one joint inventor:        | Kent D. Choquette   |             |
| Inventor's signature:                           |   |             |
| Date:   |   | ·           |
| Residence and Post Office Address:              | ·   |             |
|   |   |             |
|   |   |             |
| Citizenship:                                    |   |             |
|   |   |             |
| Full name of additional joint inventor, if any: | Noriyuki Yokouchi   |             |
| Inventor's signature:                           |   | <del></del> |
| Date:   |   | ·           |
| Residence and Post Office Address:              |   |             |
|   | ·   |             |
|   |   |             |
| Citizenship:                                    |   |             |